

Name (print) ROB WEAVER Office (if applicable) FAMILY CT "L" District (if applicable) _____
1930 E. COUGAR AVE CU NV 89123 636-0111
 Mailing Address (include city and zip code) Telephone No.
 E-Mail Address 3CAN270

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002

Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002

Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002

BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of
 Unspent Contributions Report, or last Contributions & Expenses Report, if any _____

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
 of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100 _____
2. Total amount of monetary contributions of \$100 or less _____
 Actual number of monetary contributions of \$100 or less _____
3. Interest and income earned on contributions, if any _____
4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) _____
5. Total amount of In Kind Contributions _____

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of \$100 _____
7. Total amount of monetary expenses of \$100 or less _____
8. Expense for filing fee _____
9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) _____
- Remaining Balance** (Subtract line 9 from 4) _____
10. Total amount of In Kind Expenses _____

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____

Date Executed On 10/16/02